

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/031822</b>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/				51					
2	/	/	/				52					
3	2		/				53					
4	1		/				54					
5	1		/				55					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/		/				TOTAL IND.					
TOTAL DEP.	12		12				TOTAL DEP.					
TOTAL CLAIMS	13		12				TOTAL CLAIMS					